

Mary Adelia Athey

Town

County

Died at Timberland Allegheny MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 July 18 Age 27 Maryland House Wife~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

NoneHusband of Phillip Athey

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

T. B. Wood, m.d.

Address

TimberlandW. Va.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Philip William Awnitt

Town

County

MARYLAND

Died at

Cumberland Coddysburg

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 31 Age 36

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

One.

Husband
of
Wife

May Goodwin

Father's

Mother's

Name

Maiden Name

Jas. B. Awnitt

Mary Williams

Cause of

Primary

Typhoid Fever

How long sick

Death

Immediate

Intestinal perforation

Accident, Suicide, Homicide

Reported by

Arthur H. Hawkins M.D.

Address

Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Leo Bach

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 14

Age

3 14

man

clerk

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Frank Bach

May Oberker

Cause of

Primary

Acute meningitis

How long sick

14 days

Death

Immediate

Coma

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificate of Death

Wm Barenstey
 Town County

MARYLAND

Died at *Cumberland Allegany*

Date 19 *July 28* Month Day Y. M. D. Age *7* Native of Occupation *School Boy*
 Male White ~~Married~~ Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name *Wm Barenstey* Mother's Maiden Name *166*

Cause of Death { Primary *Injury to Foot* How long sick *24 hours*
 Immediate *Hemorrhage* Accident, ~~Suicide, Homicide~~

Reported by *B. C. Miller*Address *Cumberland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robert E. E. Bamhouse
 Town _____ County _____

Died at

MARYLAND

Date 19 *02* *July* *23* *5* *—* *—* *—*
 Month Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998



Name in Full

Certificate of Death

Name in Full *Ulysses Browning Jr.*
 Died at *Cumtland* *Allegheny* *MARYLAND*
 Town County
 Date 19 *02* *7* *18* Age *1* *-* *-*
 Month Day Y. M. D.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living _____

Husband of

Wife

 Father's
Name

Mother's

Maiden Name

Ulysses B. *95*
 Cause of Death { Primary *Confection of lung* How long sick _____
 Immediate *Heart Failure* Accident, Suicide, Homicide _____

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Died at

Date 1902

Husband
of
WifeFather's
Name

Cause of

Death

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bridget Cosgrove

Town

County

Died at

Date 1902

Husband
of
WifeFather's
Name

Cause of

Death

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Month

Day

Age

Y.

M.

D.

Native of

Occupation

7 - 4

Age

70

Y.

M.

—

Native of

Ireland

Occupation

Housewife

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Mother's
Maiden Name

120

How long sick

~~Accident, Suicide, Homicide~~

C.H. Brace



Horace Crawford

Town

County

Died at

Cumtula

Allegany

MARYLAND

Date 19

02

Month

Day

Age

31

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

David

Mother's

Maiden Name

Hattie

Cause of

Primary

Asphyxiation

How long sick

3 days

Death

Immediate

Convulsion

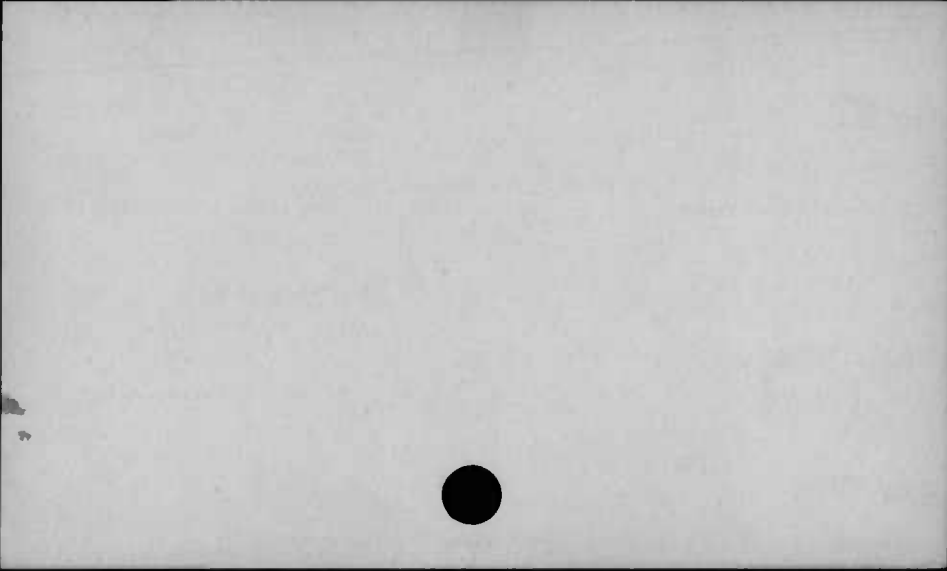
Accident, Suicide, Homicide

Reported by

W. C. Laybrook

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Elsie Danforth

Town

County

MARYLAND

Died at

Bunkhale

Valley

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

10

Age

4

24

md

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Elsie Danforth

Mother's

Maiden Name

Lillie Holmes

Cause of

Primary

Convulsion

How long sick

Two days

Death

Immediate

"

71

Accident, Suicide, Homicide

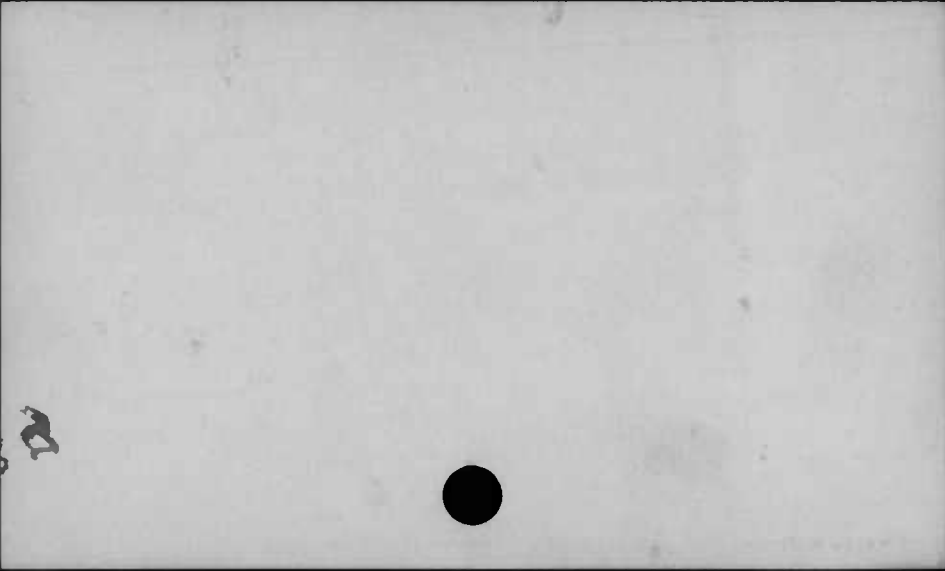
Reported by

H. A. Miller

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70809



Name In Full

Certificate of Death

Theodore Roosevelt Davis

Died at *So Cumberland* Town *allegany* County MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	July	2		4	12	So Cumberland	
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

1 month

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Ammi ~~Dix~~ Seely

Died at *Town* *Cumberland* *County* *Allegany* *MARYLAND*

Date 19*02* *July* *26* *Month* *Day* *Y.* *M.* *D.* *Age* *5 weeks* *Native of* *Am* *Occupation* *Infant*

Male *White* *Married* *Widow* *Divorced*
Female *White* *Single* *Widower* *Number of children living*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

151 *Ammi Seely*

How long sick

5 weeks

Accident, Suicide, Homicide

Inanition

Reported by

Arthur H. Hawkins

Address

Cumberland *Ked.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898

96 Thomas

Name in Full

Certificate of Death

Town Cleworth County Devon
 Died at Allegany Allegany MARYLAND
 Date 1907 Month July Day 2 Y. Y. M. M. D. D. Native of MD Occupation Miner
 Age 19-6
 Male Male White White Married Married Widowed Widowed Divorced Divorced
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living —
 Husband of —
 Wife —
 Father's Name Frank Devone Mother's Maiden Name Fanny Devone
 Cause of Death { Primary Appendicitis (suppurative) How long sick 10 days
 Immediate Immediate Accident, Suicide, Homicide Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

C.H.N.

M. Savage

Name in Full

Certificate of Death

Infant of Wm Dwyer
 Town Ambler County Allegheny

Died at Ambler MARYLAND

Date 19 02 May 16 Month Day Y. M. D. Age - - 4 Native of MS Occupation None

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of —
 Wife —
 Father's Name Wm Dwyer Mother's Maiden Name Millie Strong

Cause of Death { Primary Protracted birth Immediate Spasms How long sick 4 days
Accident, Suicide, Homicide

Reported by Chas Brace MS
 Address Ambler Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

MARYLAND

Date 19

Male

~~Female~~

White

~~Colored~~~~Married~~

Single

~~Widow~~

Widower

~~Divorced~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, ~~Suicide~~, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 July 23rd

Age

4 - -

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, ~~Swindle~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70698



Name In Full Ellen Forrest
 Town Crummeland County Allegheny MARYLAND
 Died at Crummeland
 Date 19 02 July 5th Month Day Y. M. D. Age 4
Male White Married Widow Divorced
Female Colored Single Widower Number of children living —
 Husband of Female
 Wife 105
 Father's Name H. Forrest Mother's Maiden Name —
 Cause of Death { Primary Gastro Enteritis Immediate Inanition } How long sick 2 mos
Accident, Suicide, Homicide
 Reported by E. J. C. Daybrook
 Address —
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Wm Hooten

CERTIFICATE OF DEATH

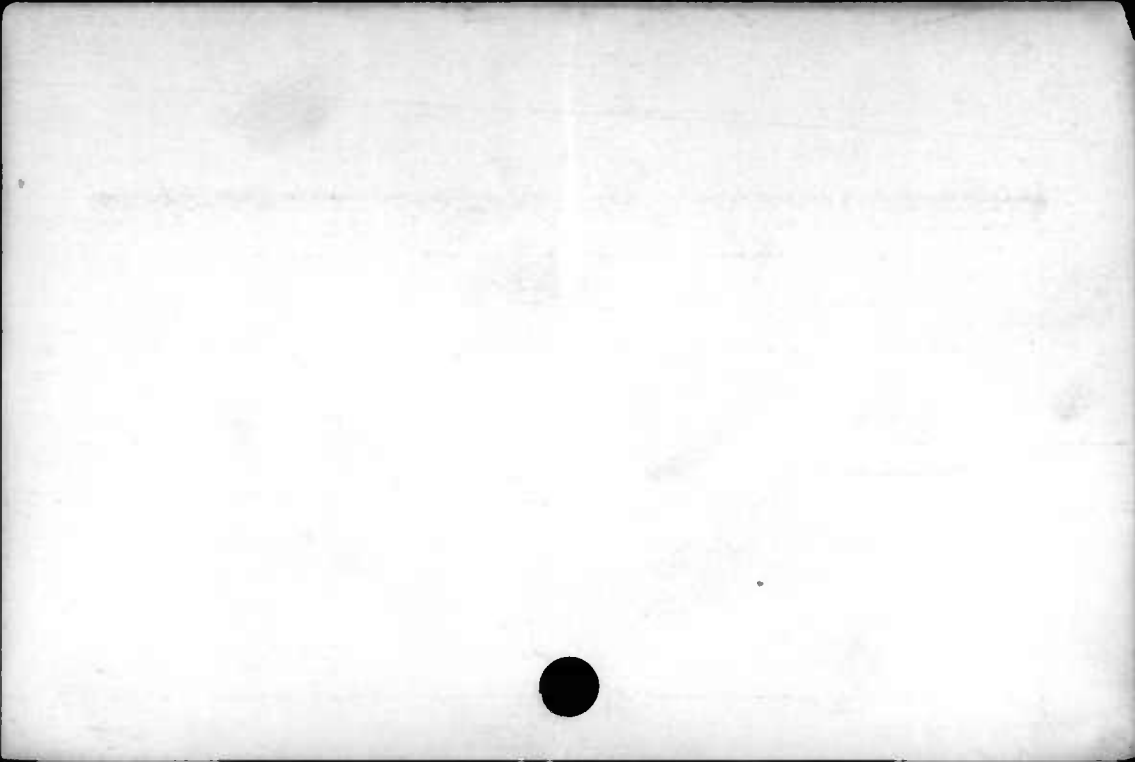
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u> Town		<u>Allegany</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>July</u>	Day <u>31</u>	Age <u>151</u>	Months <u>2</u>	Days <u>2</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Barton</u>		
Married, Single or Widowed			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Peter Hooten</u>			Father's Birthplace <u>Alleg. Co</u>		
Mother's Maiden Name <u>Julia Kelly</u>			Mother's Birthplace <u>Alleg. Co</u>		
Name of person giving information <u>Julia K. Hooten</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Acute Inanition</u>	How long	<u>2 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. A. Boucher</u>
<u>yes</u>		Address	<u>Barton Md</u>
Accident or Suicide? <u>—</u>			



Name
in
Full

Almoned Sylvester Frank

CERTIFICATE OF DEATH

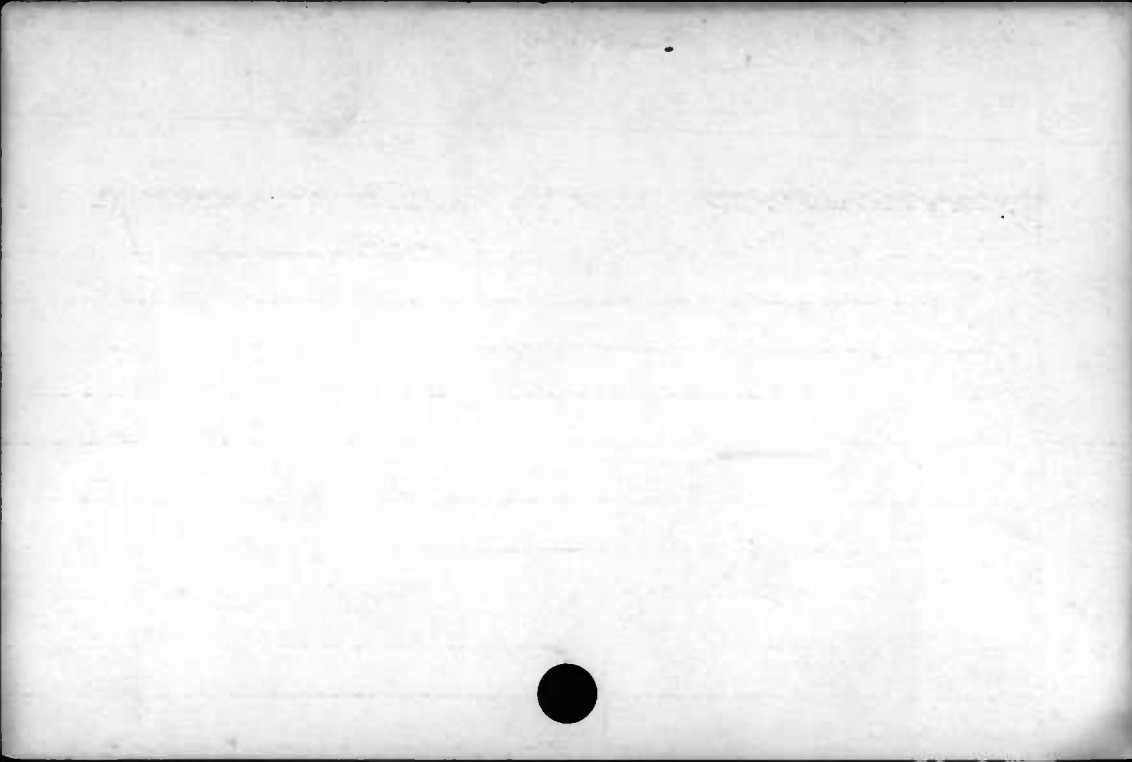
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		M <u>MD</u> <small>ARYLAND</small>	
Date of death 190 <u>2</u>	Month <u>July</u>	Day <u>30</u>	Age <u>2</u>	Months <u>1</u>	Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>None</u>			
Name of Wife or Husband _____					
Father's Name <u>Charles B. Frank</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Alzora Hendrickson</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Miss John Frank</u>			How related to deceased <u>Grandmother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	How long <u>2 1/2 weeks</u>
Immediate <u>Transition</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. H. Stansbury</u>
<u>J</u>	Address <u>Baltimore, Ind.</u>
<u>Accident or Suicide</u>	



Annie M Frost

Town

County

Died at

Cumby

accident

MARYLAND

Date 19

02

July 1

Age

28

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Name

Charles Frost

Maiden Name

Mother's

Gertrude Frost

Cause of

Primary

Phtisic Pulmonary

How long sick

Death

Immediate

Keenworth

~~Accident, Suicide, Homicide~~

Reported by

J. J. W. W. W.

Address

Cumby

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

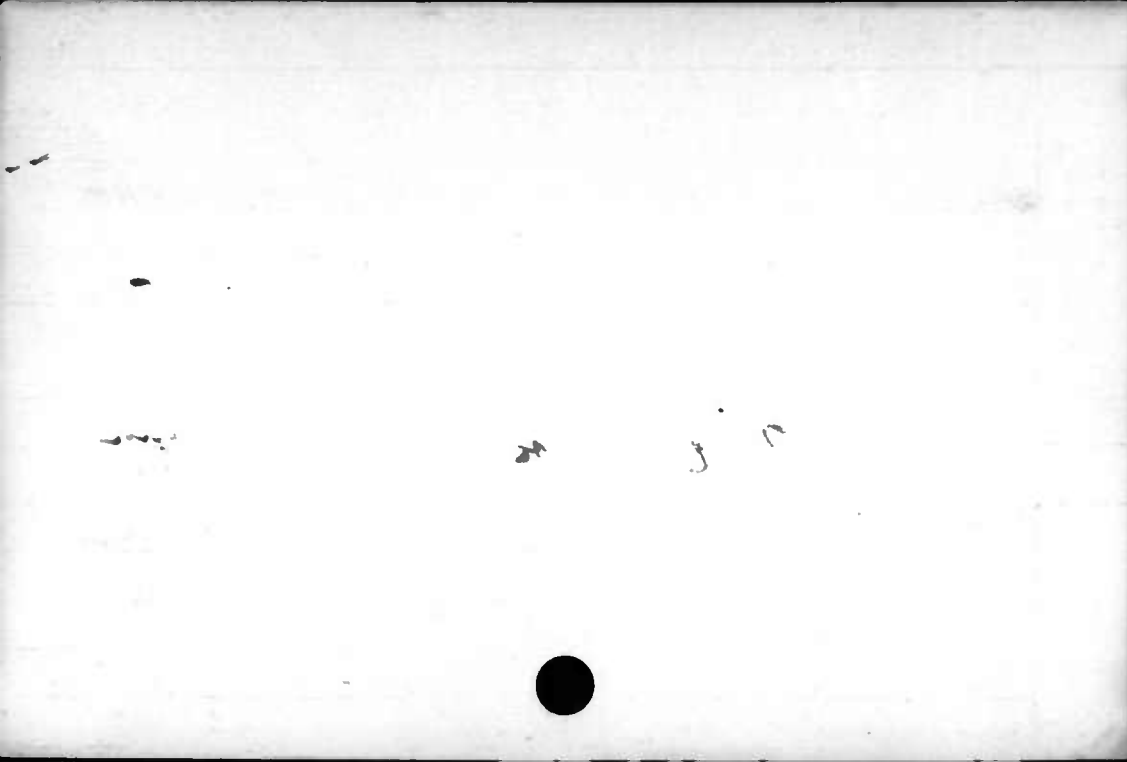
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Peekin</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 190	Month <i>July</i>	Day <i>15</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Ireland</i>				
Married, Single or Widowed <i>Widowed</i>		Occupation <i>miner</i>					
Name of Wife or Husband <i>Ann Callahan</i>							
Father's Name <i>William Gillespie</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Nancy Daily</i>				Mother's Birthplace <i>Ireland</i>			
Name of person giving In formation <i>Margaret Miller</i>				How related to deceased <i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>Two weeks</i>
Immediate <i>Heart failure</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. D. Skilling M.D.</i> Address <i>Lone coning M.D.</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

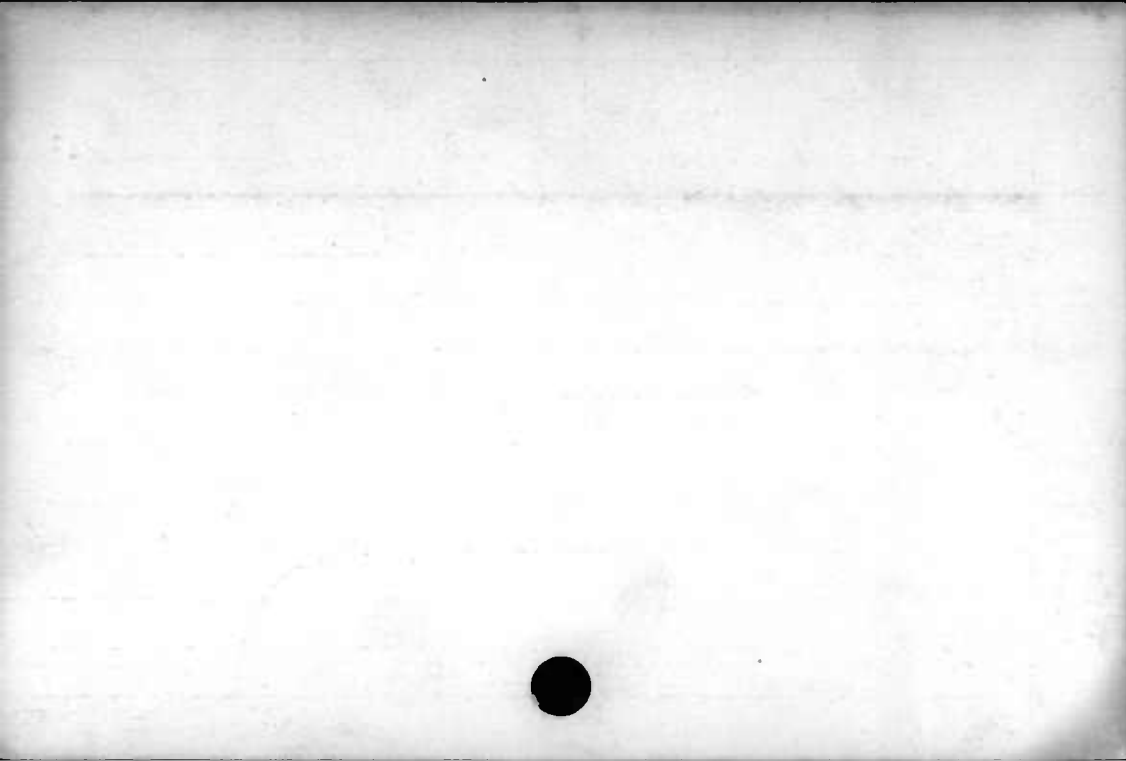
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>20</i>	Age <i>70</i>	Years	Months	Days <i>10</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Pauline Grain</i>							
Father's Name <i>Carl Grain</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Sophia Grain</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Pauline Grain</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Incompetency</i>	How long <i>3 yrs</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Sechtman</i>
	Address
Accident or Suicide?	



Name in Full

Certificate of Death

Michalina Gruzels

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 29

Age

6-19

Russia

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Michael Gruzels

Agnes Stanzvick

Cause of

Primary

Enterocolitis.

How long sick

8 days

Death

Immediate

Exhaustion.

Accident, Suicide, Homicide

Reported by

E. Adelsberger

Address

Midland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Clarence Hager.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Borden Mine</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>7</i>	Day <i>25</i>	Age <i>11</i>	Years <i>11</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Borden Mine</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Chas Hager</i>			Father's Birthplace <i>Borden Md</i>		
Mother's Maiden Name <i>Minnie Grode</i>			Mother's Birthplace <i>Chickasaw Md</i>		
Name of person giving information <i>Dr Wm Lane</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>9 Days</i>
Immediate	<i>Heart Failure</i>	How long	<i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Dr Wm Lane</i>
		Address	<i>Frostburg Md</i>
<input checked="" type="checkbox"/> Accident or Suicide?			

Ex 11
a 11

Name
in
Full

721

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lorenzo Hines

Died at near Cumberland TownCounty Allegany

MARYLAND

Date of death 190 2 Month July Day 31 Age 1 Years 9 Months 9 DaysSex Male Color or Race White Birth-place Ind.Married, Single or Widowed Single Occupation NoneName of Wife or Husband —Father's Name Alvin HinesFather's Birthplace Ind.Mother's Maiden Name 105

Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary Cholera Infantum
Immediate TransitionHow long 2 wks

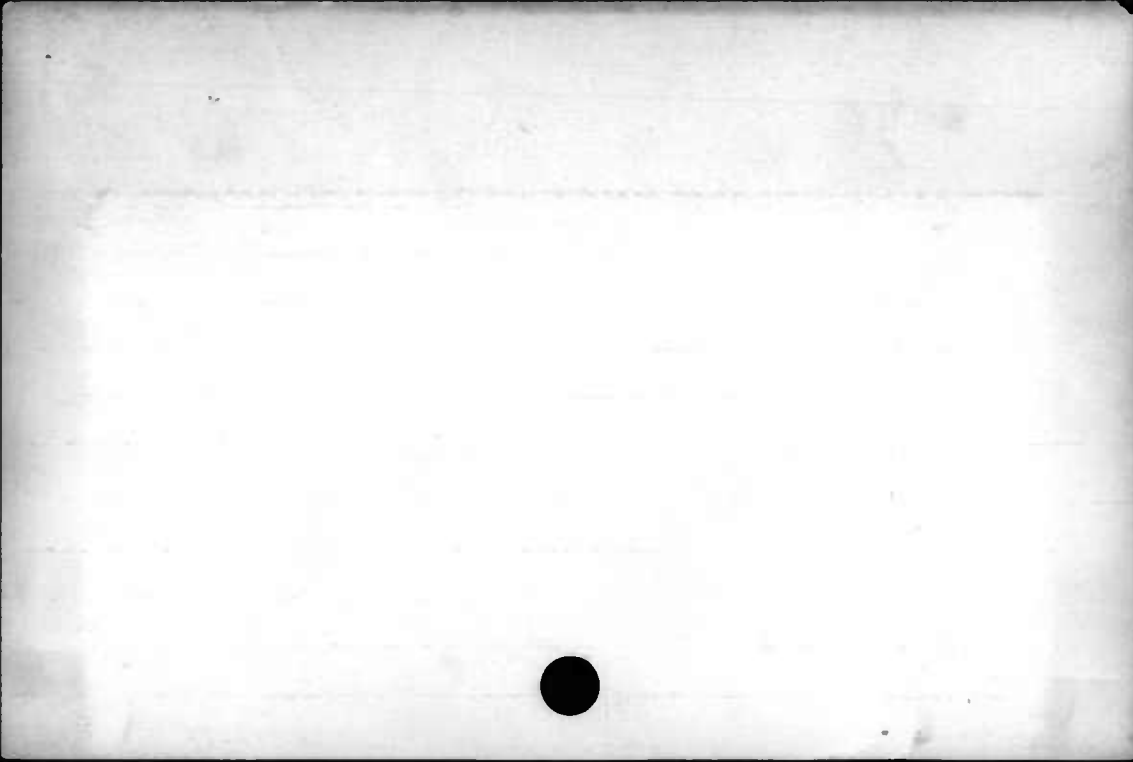
How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

H. N. Stansbury
Cumberland Ind.Accident or Suicide? —



Name in Full

J. William Hintze

Town

County

Died at Cumberland

Allegheny

MARYLAND

Date 1962 July 3

Age 79 Y. M. D.

Native of

Occupation

Germany

Laborer

Male

White

Married

Widow

Widow

Number of children living

2

Husband

of

Anah Hintze

Father's

Name

Mother's

Name

64

Cause of

Primary

Complication of diseases

How long sick

3 months

Death

Immediate

Hypoxia - (6 hours)

~~Accident, Suicide, Homicide~~

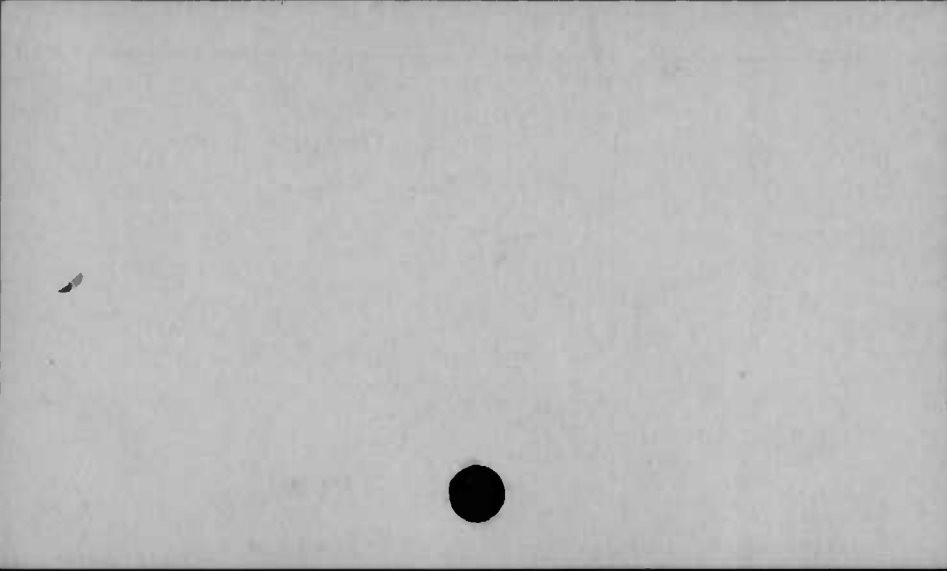
Reported by

C. J. Dyer, M.D.

Address

Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles Hite

Town

County

Died at Terrahatche Accopung

MARYLAND

Date 1902 July 11

Month Day Y. M. D.

Age 2

Native of Md

Occupation chieft

Male White Married Widower

Female Colored Single Widower

Number of children living 0

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Vincent Hochard

Died at Cumby Lane Town Allegheny County MARYLAND

Date 1902 7 Month 14 Day Y. M. D. Age 2 Native of Am Occupation Labour

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary Infantile diarrhea How long sick 2

Death Immediate Exhaustion Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70805



Name in Full

Certificate of Death

Mrs E. J. Jones

Town

County

MARYLAND

Died at *Burrhead**Allegany*

Date 1902

Month Day

Y. M. D.

Native of

Occupation

July 6th

Age

*61**-**-**Allegany Co**Hawman*~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

8~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*apoplexy**lost*

How long sick

not at all -

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

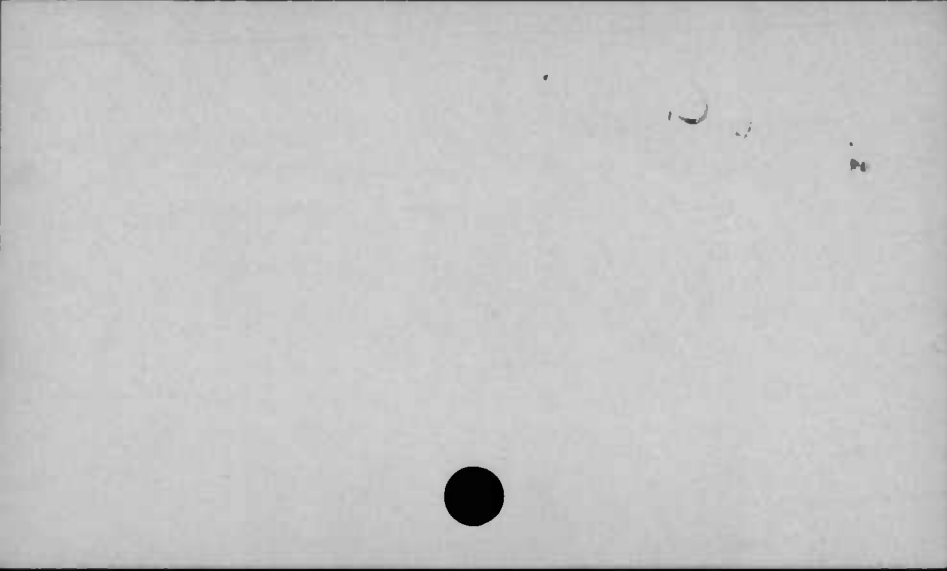
W. W. Wiley

Address

Burrhead

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Carl Keinkhofer

Town

County

MARYLAND

Died at

Cumberland Allegan

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 24

Age

7-6 -

Cumberland

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~Husband
of
WifeFather's
Name

Mother's

Maiden Name

John Keinkhofer

172

Cause of

Primary

Drowning

~~How long sick~~

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Wm J Corner Corner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name In Full

Certificate of Death

Fairy Adella Hoonz

Town

County

MARYLAND

Died at

Cumberland

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 10

Age

27

MD

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Geo E Krouz

Mother's

Maiden Name

Phuma A Elbin

Cause of

Primary

Scrophula

How long sick

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Geo L. Brundage MD

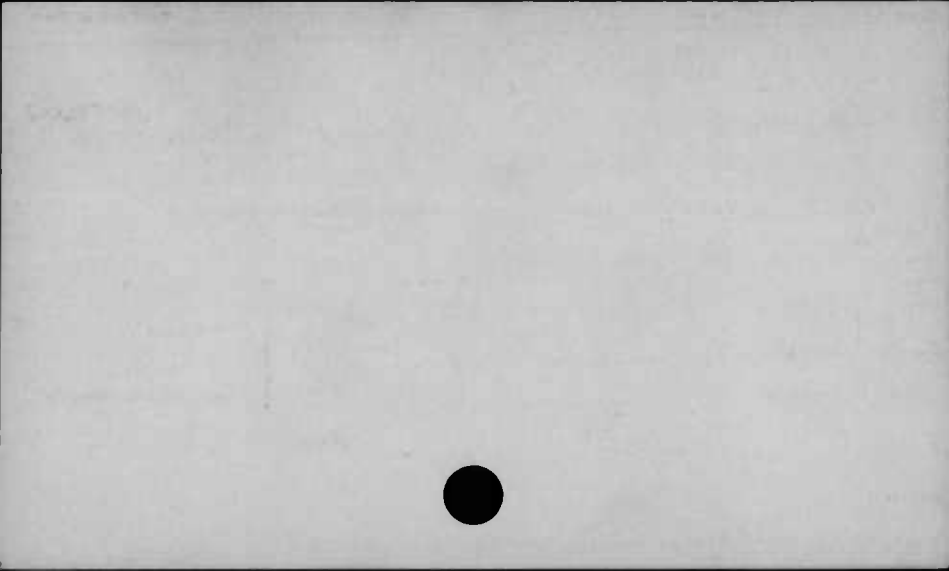
Address

1000 Adams

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Caly-

LIBRARY BUREAU 79893



Certificate of Death

Town

County

MARYLAND

Died at Cambridge Mass

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

7

17

Age

11-2

and

Robert

Male

White

Married

Widow

Divorced

Female

-Colored

Single

Widower

Number of children living

Husband of Joseph M. Lindner
Wife

Wife Dr. M. L. L. L.

Father's *Boyd*

Name Vincent M. Linder Maiden

Mother's

Maiden Name

Elzabeth Knoche

Cause of	✓ Primery
----------	-----------

Gastro-Enteritis

How long sick

Mo meek

Death

Immediate

It has to be in

901

Accident, Suicide, Homicide

Reported by *J. M. Stockman*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Oscar Lottig

Town

County

MARYLAND

Died at

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Criminall Allegany

July 27

Age

19

-

-

-

-

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

79

Cause of

Primary

Val-disease of heart

How long sick

June 1911

Death

Immediate

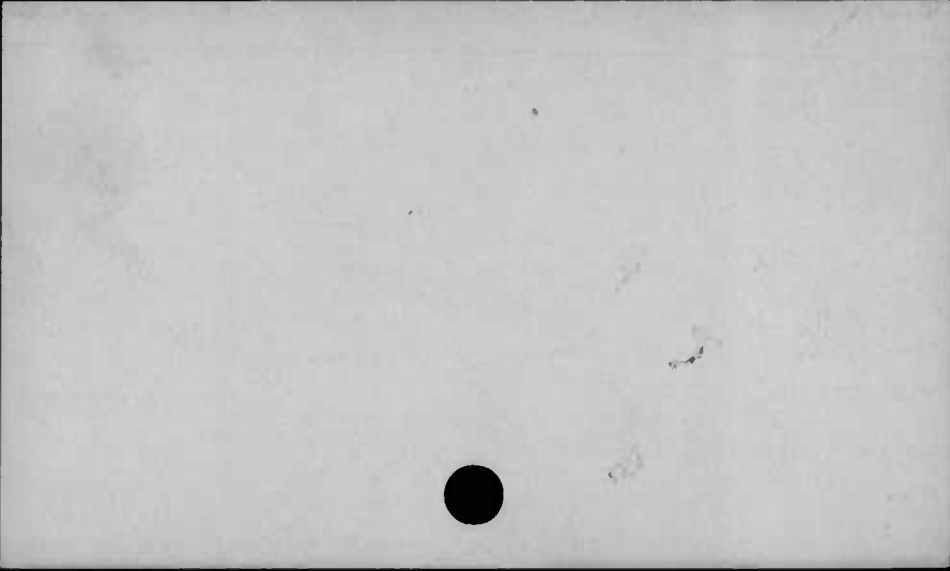
~~Accident, Suicide, Homicide~~

Reported by

C. S. Layton

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full William Lawrence McFarland		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cumberland <small>Town</small>		Allegh. <small>County</small>
	Date of death 190 2 <small>Month</small> July <small>Day</small> 23		0 <small>Months</small> 7 <small>Days</small>
	Sex Male	Color or Race White	Birth-place MD
	Married, Single or Widowed Single	Occupation None	
	Name of Wife or Husband None		
	Father's Name Wm J McFarland	Father's Birthplace MD	
	Mother's Maiden Name Mam V. Mickey	Mother's Birthplace Pa	
Name of person giving information W. L. McFarland		How related to deceased Father	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Enterocolitis	How long 6 days	
	Immediate Colapso	How long 3 hours	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Q. H. Brace	
	Accident or Suicide?	Address Cumt MD	

11



Name In Full

Certificate of Death

Mary McKenzie
 Town *Varenhus Park* County *Allegheny* MARYLAND
 Died at
 Date 19 *02* Month *7* Day *1* Age *29* - *10* Native of *Id* Occupation *House wife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Number of children living *2*

Husband of *Henry McKenzie*
 Wife
 Father's Name Mother's Name
 Cause of Death Primary *Heart Failure* Immediate ☒ How long sick _____
 Accident, Suicide, Homicide

Reported by *Wm J Corne* *179* *Coroner*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Handwritten text, possibly a signature or initials, located in the upper center of the page.



No Name

Infant of Anna May

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

16

Age

7 Hours

Md

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Anna May

Cause of

Primary

Premature Birth

How long sick

7 hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. N. Fochsman M.D. 151

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mrs Strong

Name In Full

Certificate of Death

Elizabeth Catherine Minnick

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

3-

Age

21

-

-

Am-

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

5-

Husband

of

Wife

John Minnick

Father's

Mother's

Name

Maiden Name

Rice

Cause of

Primary

Paralysis

66

How long sick

1 year

Death

Immediate

Convulsion

Accident, Suicide, Homicide

Reported by

H. H. Stansbury

Address

Cumb'd, Md

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Samuel Neel
 Town County

Died at

Cumt'd Alley one

MARYLAND

Date 19

02 July 27th Age 28 - -

Native of - Occupation -

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's
 Name

Washington Neel

Mother's

Maiden Name

Cause of

Primary

Abscess of Brain

How long sick

5 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

EB Claybrook

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ida L Perry

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 30

Age

5

m

chick

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

6

Husband

of

Wife

Father's

Name

Henry Perry

Mother's

Maiden Name

May Paul

Cause of

Primary

Cholera Infantum

How long sick

40 days

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

J. Jones Williams

Address

Lumberville

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Wm Harold Porter

Town

County

Died at

Eckhart

Alley:

MARYLAND

Date 1902 July 8 1902 July 8
 Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Lincoln Porter

Mother's Name not

Cause of Death { Primary General tuberculosis
 Immediate General tuberculosis
 How long sick 4 weeks
Accident, Suicide, Homicide

Reported by

B. C. Crumwell

Address

12 Eckhart Mines, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65002



Name In Full

Certificate of Death

Purinton

720

Died at *Cumberland*

Town

County

MARYLAND

Data 1902	Month <i>July</i>	Day <i>31</i>	Age <i>1 1/2 hrs</i>	Native of <i>MD</i>	Occupation <i></i>
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	

Husband of Wife of

Father's Name <i>Orpha B Purinton</i>	Mother's Maiden Name <i>Lizzie Norton</i>
--	--

Cause of Death	Primary <i>Premature Birth 5 1/2 hrs</i>	How long sick <i>Life</i>
Death	Immediate <i>Whamship</i>	Accident, Suicide, Homicide

Reported by *H. L. Broca Drump MD*Address *10 S Va ave*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Cumtā* Town *Brene* County *Allegheny* *Rafter* MARYLAND
 Date 19 *02* Month *July* Day *19* Age *4-3* Y. M. D. Native of Occupation
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *105*
 Husband of
 Wife
 Father's Name *J. H. Rafter* Mother's Maiden Name *Lilla Myers*
 Cause of Death { Primary *Cholera Infantis* Immediate
 How long sick *2 hrs*
 Accident, Suicide, Homicide
 Reported by *E B Claybrook*
 Address
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Geo. Griffin Rankin*

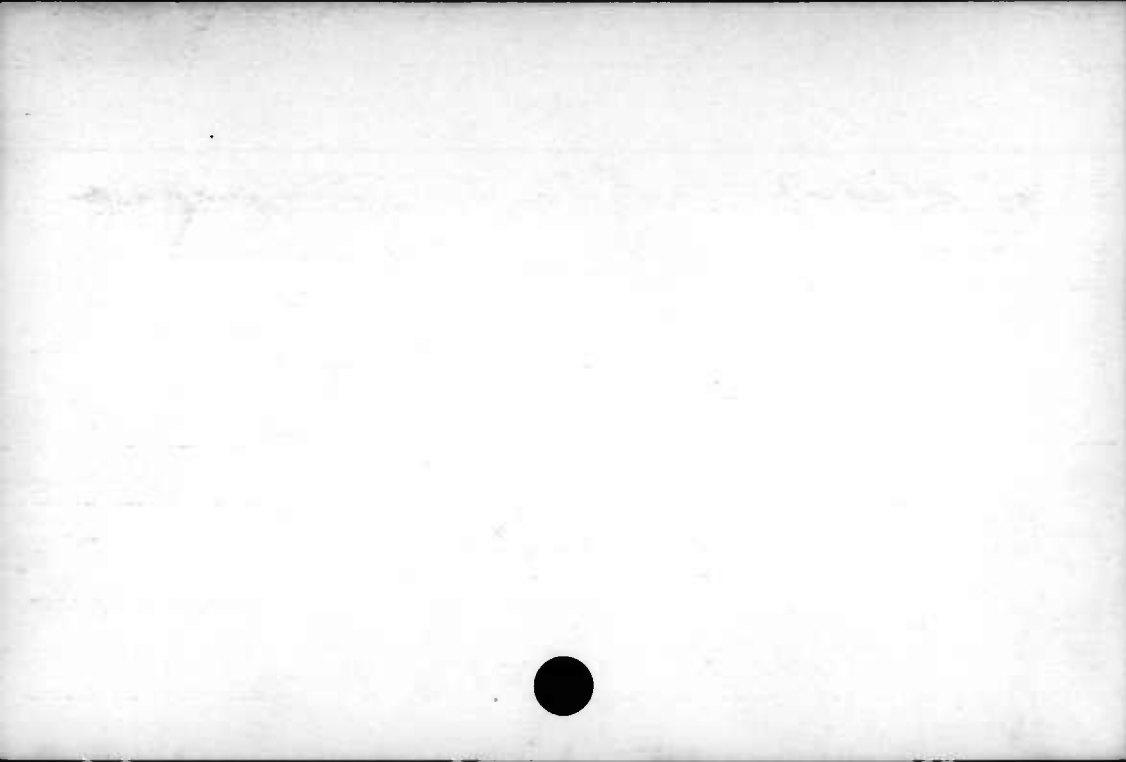
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town <i>Leonacoming</i>			County <i>Allegheny</i>			MARYLAND		
Date of death 190 <i>2</i>		Month <i>July</i>	Day <i>11</i>	Age <i>41</i>	Years <i>8</i>	Months <i>8</i>	Days <i>11</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Leonacoming</i>					
Married Single			Occupation <i>none</i>					
Name of Wife or Husband <i>James Rankin Sr.</i>								
Father's Name <i>James Rankin Sr.</i>				Father's Birthplace <i>Scotland</i>				
Mother's Maiden Name <i>Lucy C. Cobb</i>				Mother's Birthplace <i>Scotland</i>				
Name of person giving In formation <i>Mrs James Rankin</i>				How related to deceased <i>Mother</i>				

PHYSICIAN
OR CORONER

CAUSES OF DEATH <i>29</i>	
Primary <i>Tuberculosis (Tubercular)</i>	How long <i>2 months</i>
Immediate <i>Inanition</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Skilling</i>
	Address <i>Leonacoming</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Harriette May Ravenscroft

CERTIFICATE OF DEATH

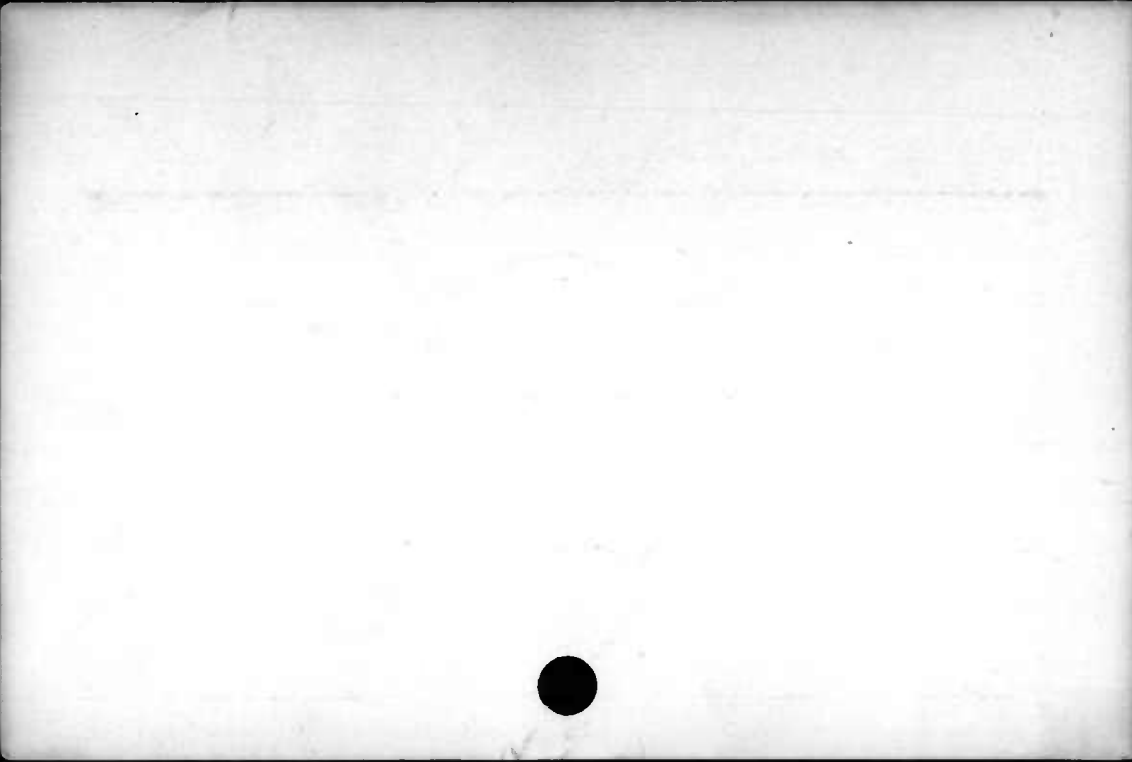
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sonoma</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>July</u> ^{Month}	<u>27</u> ^{Day}	Age <u>-</u> ^{Years}	<u>3</u> ^{Months}	<u>19</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Sonoma</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>none</u>		
Name of Wife or Husband					
Father's Name <u>Harry H. Ravenscroft</u>			Father's Birthplace <u>Allegheny Co. Pa.</u>		
Mother's Maiden Name <u>Maggie Jane Replinger</u>			Mother's Birthplace <u>Westport Ind.</u>		
Name of person giving information <u>Maggie J. Replinger</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary <u>Marasmus</u> <u>105</u>	How long <u>from birth</u>
Immediate <u>Enterocolitis</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>James C. Bullock</u>
	Address <u>Sonoma Maryland</u>
Accident or Suicide? <u>no</u>	



Name in Full

Vance Monroe Riley

Town

County

MARYLAND

Died at Cruckland Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7

12

Age

-

41

-

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living 3

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of Primary

Death Immediate

How long sick

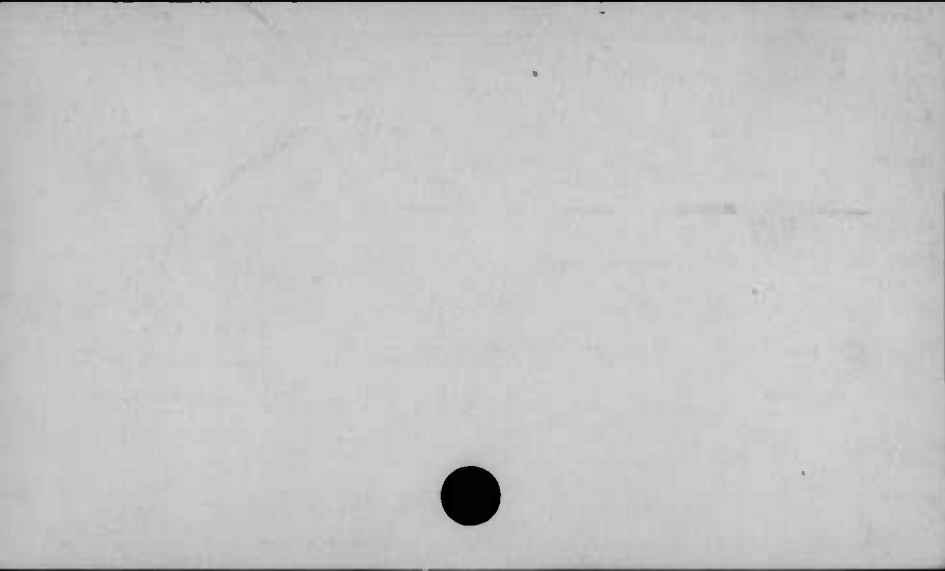
2 weeks

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

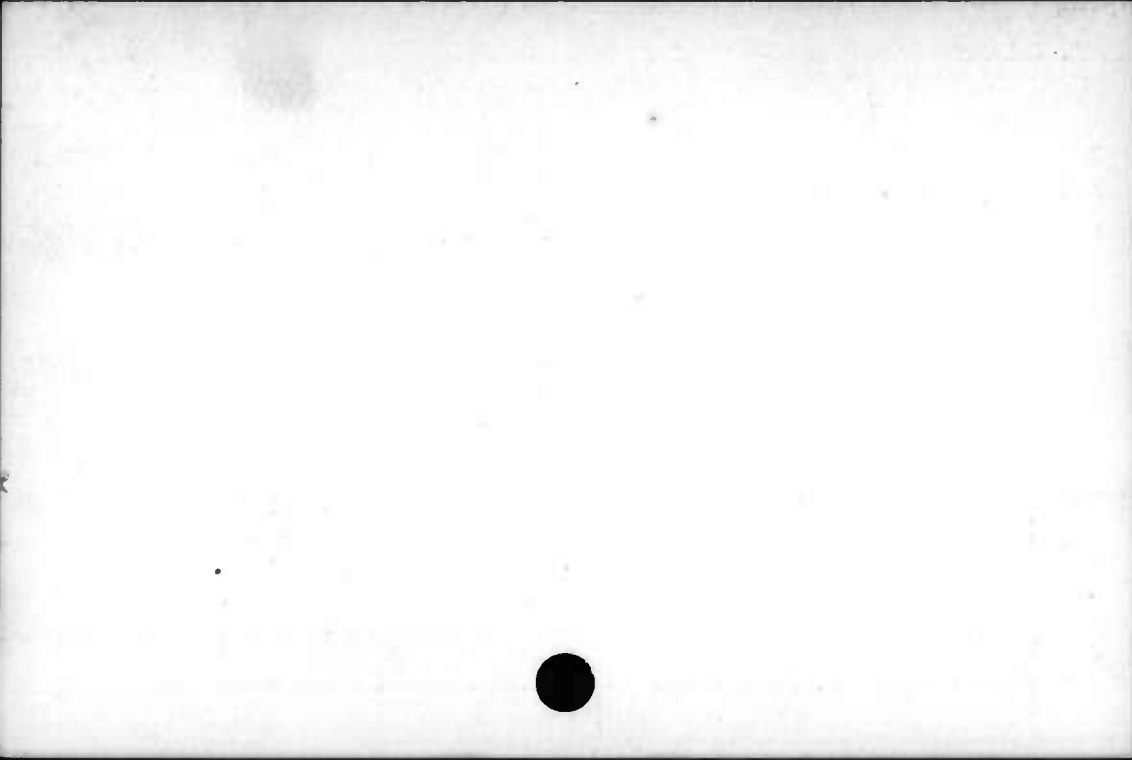
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumbersburg</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>July</i>	Day <i>12</i>	Age <i>14</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mo.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Laborer & School boy</i>		
Name of Wife or Husband					
Father's Name <i>James O. Rodney</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Annie W. Hill</i>			Mother's Birthplace <i>Pa.</i>		
Name of person giving information <i>James O. Rodney</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stomach</i>	How long <i>3 days</i>
Immediate <i>Cholera</i>	How long <i>~</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. H. Brown, M.D.</i>
	Address <i>Cumbersburg Pa.</i>
Accident or Suicide? <i>—</i>	<i>MI.</i>



Name in Full

Certificate of Death

Naomi H Ross
 Town County

Died at *Camden* *Allegheny* MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	July	23		7	3	<i>me</i>	<i>child</i>
Male		White		Married		Widow	
Female		Colored		Single		Widower	
						Number of children living <i>1</i>	

Husband of

Wife

Father's

Name

Charles E Ross

Mother's

Maiden Name

Elizabeth Hester

Cause of

Primary

Whooping Cough

How long sick

3 weeks

Death

Immediate

Complications~~Accident, Suicide, Homicide~~

Reported by

J. H. Hester

Address

Camden

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Name
in
Full

Robert Russell

CERTIFICATE OF DEATH

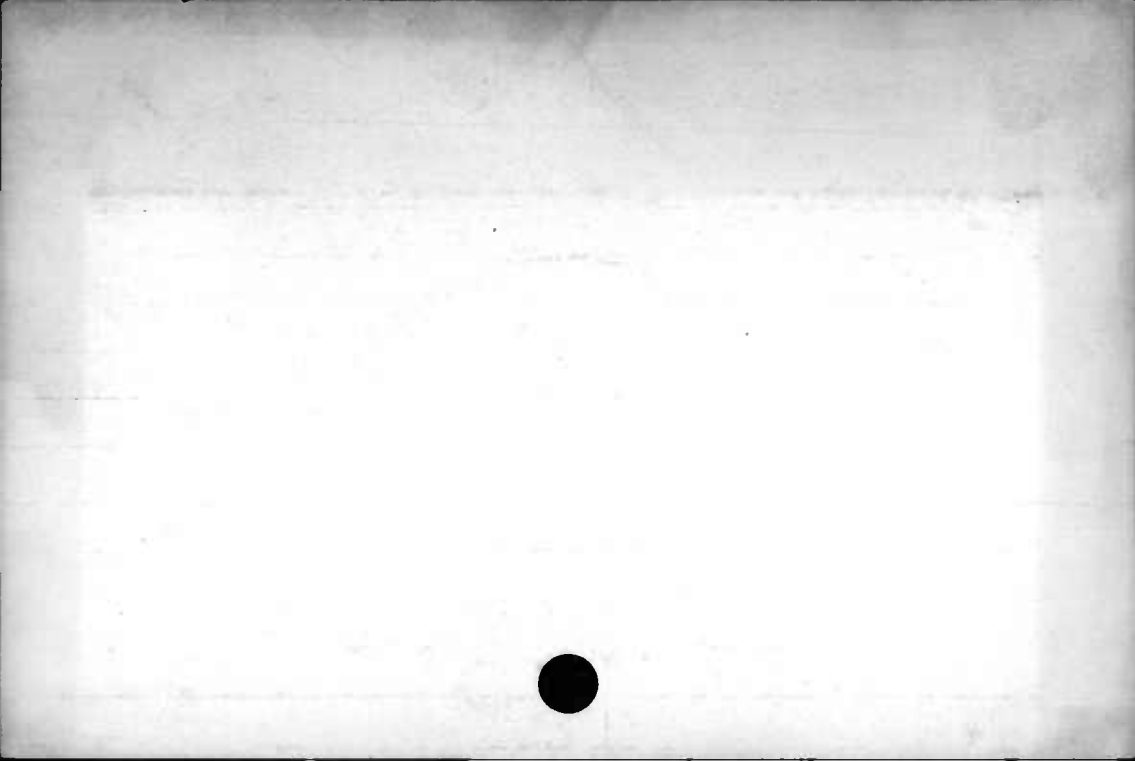
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month July		Day 18		Age 64	
Sex Male		Color or Race White		Birth-place		Scotland	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Locomotor Ataxia	How long	2 years
Immediate	Apoplexy	How long	1
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W B Skilling	
Address		Lonaconing	
Accident or Suicide?			



Name In Full

Certificate of Death

Malinda Schaeck (Schauk)
 Town County

Died at *Unsubstantiated* *accident* MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 19 *02* *July* *4* Age *86*
 Male White Married Widower Divorced *widow*
 Female Colored Single Number of children living *2*

Husband of

Wife

Father's

Mother's

Name Maiden Name

Cause of Death { Primary *Acc age* Immediate *Explosion* } How long sick *154*
154
accident
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Hermann Steele

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

July 17

Age

32

Maryland, Machinist

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

One

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Meningitis, tubercular

Death

Immediate

Exhaustion

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Thomas Stewart

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Crimeland
July 9th

Age

About 35 years

Male

White

~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

56

Cause of

Primary

Acute Alcoholism

How long sick

Few hours

Death

Immediate

Coma

Accident, Suicide, Homicide

Reported by

Wm L. Conner

Address

Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70876



Name in Full

Certificate of Death

Baby Strawn
 Died at *Cumberland* *Allsary* *MARYLAND*
 Town County

Date 19*02* *July* *7* | Age *-* *-* *6* | Native of *Ala.* | Occupation *—*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living *—*

Husband of *—*
 Wife

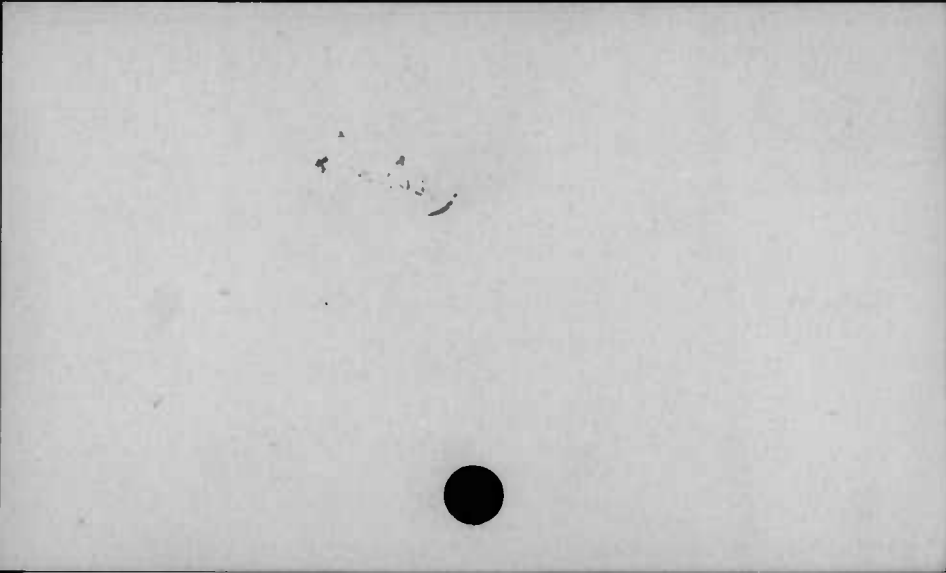
Father's Name *J. H. Strawn* Mother's Name *151 Annie Redman*
 Maiden Name

Cause of Death { Primary *Per Maternal birth* ~~How long sick~~
 Immediate *Insanitation* ~~Accident, Suicide, Homicide~~

Reported by *A. H. H. Awnkins M.D.*

Address *Cumberland.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Anna

Strong

MARYLAND

Died at

Criminola

Town

County

Allegheny

Date 19

02

Month

Day

7 15

Age

Y.

M.

D.

87 10

Native of

Md.

Occupation

Wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Valvular Disease of Heart

How long sick

Six months

Death

Immediate

Dropsy, & Expectorant

Accident, Suicide, Homicide

Reported by

H. S. Miller

79

Address

Criminola

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73888



Name In Full

Certificate of Death

Merrion C. Tennant

Town

County

Died at

MARYLAND

Borden Shaft Allegany
 Date 1902. 7 18 Y. 13 M. 1 D. Maryland School Girl
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 4

Husband of

James Tennant

Wife

Father's Name

Mother's Name

Jas Tennant Elizabeth Price

Cause of

Primary

Pneumo-typoid one month

How long sick

Death

Immediate

no fever

Accident, Suicide, Homicide

Reported by

Dr. W. S. Howard.

Address

Vale Summit St Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809

Attended by Dr.

O. F. Meakel

Seen by Coroner

Peray Sawney

Information contained in this certificate received from

of

Name in Full

Certificate of Death

Sophia F. Fuso
 Town County

Died at

Cumtutut

County

Allegany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 8

Age

*80**Germany**widow*~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Sciatic (diarrhea)

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

*J. M. F. Fuso**106*

Address

*Cumtutut**and*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79896



Name In Full

Certificate of Death

Mary H Whisner

Town

County

Died at

Cumberland

MARYLAND

Date 19

02

Month

Day

July 5

Age

Y.

M.

D.

57 0 13

Native of

W. Va.

Occupation

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

~~Wife~~

Samuel E Whisner

Father's

Name

Samuel E Roby

Mother's

Maiden Name

Margaret Roby

Cause of

Primary

Tuberculosis

How long sick

about 1 year

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

G. L. Boardman MD

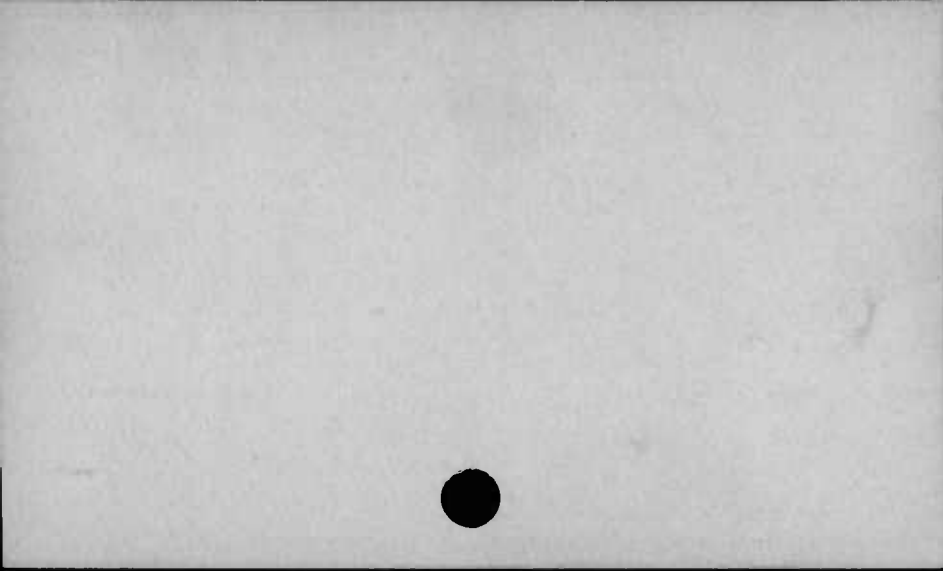
Address

100 Va Ave

City -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Mary White

Town

County

Died at

Cumberlaid

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 5

Age

36

Md.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Erysipelas

18

How long sick

3 weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Thos. W. Fowles, M.D.

Address

Cumberlaid, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full

Certificate of Death

Ella Milkes

Town

County

Died at

Cumberland Allegany

MARYLAND

Date 19

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Housekeeper

Female

Colored

~~Single~~~~Widower~~

Number of children living

5

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Dysentery

Death

Immediate

Heart Failure

How long sick

14

Accident, Suicide, Homicide

Reported by

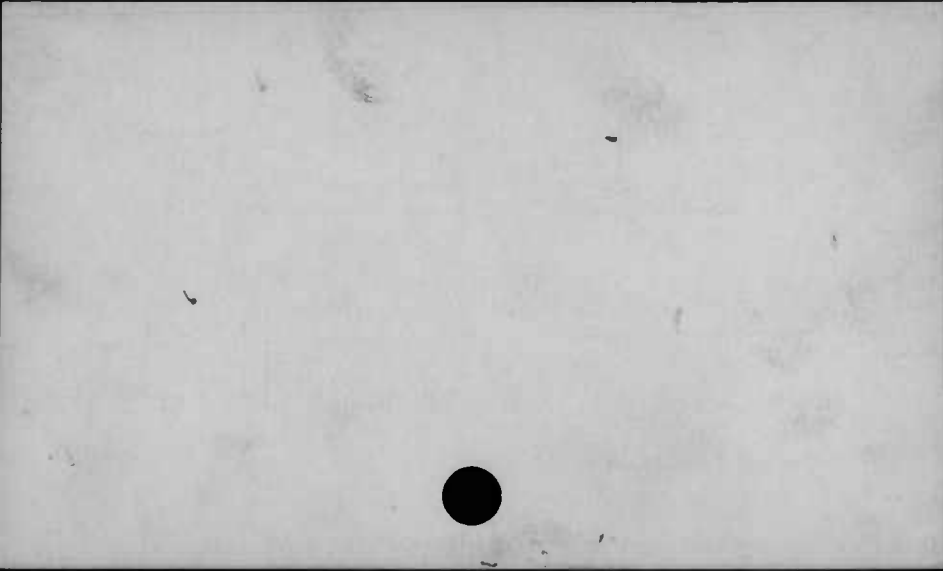
Jno. H. Tompkins

Address

1371 Mechan.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79894



Name In Full

Certificate of Death

Infant of Carl C. Willison

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 6

Age

W 7

red

Male

White

Married

Widow

Divorced -

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Carl C. Willison

Mother's

Maiden Name

Telg Lite

Cause of

Primary

Eclampsia

71

How long sick

12 hours

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Max. W. Town, M.D.

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809



Jela Willisow

Died at ^{Town} Cumberland ^{County} Allegany

MARYLAND

Date 1902 ^{Month} July ^{Day} 7 ^{Y.} ^{M.} ^{D.} ^{Age} 19 ^{Native of} Ind ^{Occupation} Housekeeper

Male ^{White} ^{Married} ^{Widow} ^{Divorced} ^{Number of children living}

Female ^{Colored} ^{Single} ^{Widower}

Husband of Carl I. Willisow

Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary Peritonitis Immediate Exhaustion } 116

How long sick 1 Week

Accident, Suicide, Homicide

Reported by Mrs. M. L. Loom

Address Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Baby Wiener

Town

County

MARYLAND

Died at Amthor Allegany
Month Day Y. M. D. Native of OccupationDate 19 02 July 28 Age - - - Inf
☒ Male ☒ White ☒ Married ☒ Widow ☒ Divorced
☐ Female ☒ Colored ☒ Single ☒ Widowed Number of children living 3Husband of _____
WifeFather's Name W. R. L. Wiener Mother's Name Elizabeth Downing
Cause of Primary How long sick -Death Immediate Still Birth Accident, Suicide, HomicideReported by E. B. ClaybrookAddress 8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

